Your Name\_\_\_\_

Address\_



## CALIFORNIA COASTAL COMMISSION

45 FREMONT, SUITE 2000 SAN FRANCISCO, CA 94105-2219 VOICE AND TDD (415) 904-5200 FAX (415) 904-5400



Phone number									
E-mail									
Location and D	ate of the Dock	kwalkers training you attended							
Date of the Visit	Number of Boater kits distributed	Name of the location (Harbor, marina or other venue) and City or County	Number of Boaters Contacted	Comments					
I	1		1						